



## Letter of Authorization

Date: \_\_\_\_\_

To Whom It May Concern:

I hereby select CommPartners, LLC (CommPartners) to be my local exchange provider and to act as our Agent in dealings with our current local exchange telephone company. In this regard, CommPartners may place orders for new services, changes to existing services, as well as request and receive the results of busy/traffic studies.

This authorization covers the following locations and primary billing telephone numbers and shall remain in effect until further written notice is provided. I understand that I can have only one local service provider for any one telephone number.

\*CommPartners Partner or Carrier Name \_\_\_\_\_

\* CommPartners Partner or Carrier Contact Name \_\_\_\_\_

\*CommPartners Partner or Carrier Contact Phone # \_\_\_\_\_

\*CommPartners Partner or Carrier contact E-mail address \_\_\_\_\_

\*Customer Billing Name: \_\_\_\_\_

\*Customer Billing Address: \_\_\_\_\_

\*Customer Service Address: \_\_\_\_\_

\*City, State, Zip Code: \_\_\_\_\_

\*Name of individual authorized to act for customer: \_\_\_\_\_

\*Telephone number of individual authorized to act for customer: \_\_\_\_\_

**\* Denotes required information. Incomplete forms will be returned for complete information and will not be processed**

By signing below, I am authorizing CommPartners to become my new telephone service provider in place of (**Name of Current Provider** : \_\_\_\_\_) for the provision of local telephone services. I authorize CommPartners to act as my agent to make this change happen, and direct (**Name of Current Provider** : \_\_\_\_\_) to work with CommPartners to effect this requested change.

I understand that if I wish to return to my current local telephone company, I may be required to pay a reconnection charge to that company. I also understand that my new local telephone company may have different rates and charges than my current telephone company, and that by signing below I indicate that I understand those differences and am willing to be billed accordingly.

I authorize CommPartners to provide local service to my telephone number(s) listed below, and no others.

Telephone number(s) to be changed: **(List all numbers to be ported)**

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

\_\_\_\_\_ Please check here if there are additional telephone numbers that are to port and attach on a separate page.

Will this be a partial port?            YES        NO

If yes, remaining telephone numbers will stay active with current provider unless indicated otherwise.

**I understand that the porting of my telephone numbers to CommPartners from my current service provider could result in temporary disruption in my service. In this regard, I hereby hold harmless CommPartners and its agents from any liability incurred by me in this process.**

I certify that I have read and understand this Letter of Authorization. I further certify that I am at least eighteen years of age, and that I am authorized to change telephone companies for services to the telephone numbers listed above.

I also authorize CommPartners, LLC to act as my agent to notify my local phone company of my decision to change my current long distance service to CommPartners service. I understand that my local phone company may charge me a fee to switch long distance carriers. Selection of CommPartners will apply to the telephone number(s) listed on this form. I, the customer, understand that I may designate only one interexchange carrier for any one telephone number for interLATA and, where applicable, intraLATA usage, and hereby designate CommPartners as my primary carrier.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Initials

**Fax to 702-403-1068 or Email to [networklogistics@commpartners.us](mailto:networklogistics@commpartners.us)**